

For 1998 CALENDAR YEAR, or fiscal year beginning _____, 1998, and ending _____, 19 _____

▼ IMPORTANT ▼

Label Affix label here ►	Your first name and initial _____ Last name _____		Your social security number _____			
	If joint return, spouse's first name and initial _____ Last name _____		Spouse's social security number _____			
	Mailing address _____		Apt. no. _____	You must enter your SSN(s) above. See instructions.		
	City, town or post office, state and Zip Code _____		Federal estimated tax requirement? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Filing status -	1. <input type="checkbox"/> Single		3. <input type="checkbox"/> Married filing separate - Enter your spouse's name _____		4. <input type="checkbox"/> Head of household	
	2. <input type="checkbox"/> Married filing joint				5. <input type="checkbox"/> Qualifying widow(er)	
Filing category -	1. <input type="checkbox"/> Resident Note: If you moved into or out of North Dakota during the year, see page 4 for instructions on which box to check.		2. <input type="checkbox"/> Nonresident			Check either of these boxes only if it applies to you. See page 3 of instructions.
School district code - Enter number from list on page 10 of instructions _____	Income source code - Enter number from list on page 4 of instructions _____		<input type="checkbox"/> Amended return <input type="checkbox"/> Extension form attached			

Tax Computation Schedule - Residents must complete Schedule 2 and nonresidents must complete Schedule 3 before completing this schedule.

1. North Dakota taxable income (Residents from line 32, Schedule 2. Nonresidents from line 29, Schedule 3) (A)	1	
2. Compute tax using the Tax Rate Table below and enter result	2	
3. Credit for income tax paid to another state (from Schedule 4) (D)	3	
4. Credit for contributions to nonprofit private colleges in North Dakota (?)	4	
5. Credit for contributions to nonprofit private high schools in North Dakota (-)	5	
6. Long-term care insurance credit (1L)	6	
7. Other credits (Identify) (1T)	7	
8. North Dakota venture capital corporation investment credit (1K)	8	
9. North Dakota Small Business Investment Company investment credit (1B)	9	
10. Nonprofit development corporation investment credit (1F)	10	
11. Qualified business seed capital investment credit (1M)	11	
12. Net Tax Liability (Line 2 less lines 3 through 11. If less than zero, enter -0-) (E)	12	
13. North Dakota income tax withheld (Attach supporting W-2s and 1099s) (F)	13	
14. 1998 estimated tax payments and amount applied from 1997 return (&)	14	
15. Total payments (Line 13 plus line 14)	15	
16. Overpayment (If line 15 is greater than line 12, subtract line 12 from line 15 and enter result. Otherwise, go to line 21) (If less than \$5, enter -0-) (G)	16	
17. Amount of line 16 you wish to apply to 1999 estimated tax (1Q)	17	
18. Amount of line 16 you wish to contribute to Nongame Wildlife Fund (1P)	18	
19. Amount of line 16 you wish to contribute to Centennial Tree Trust Fund (1D)	19	
20. Refund (Line 16 less lines 17, 18, and 19) (If less than \$5, enter -0-) (1R)	20	
21. Tax Due (If line 15 is less than line 12, subtract line 15 from line 12 and enter result) (If less than \$5, enter -0-) (Z)	21	
22. Voluntary contribution to Nongame Wildlife Fund (Not allowed if line 21 is -0-) (1U)	22	
23. Voluntary contribution to Centennial Tree Trust Fund (Not allowed if line 21 is -0-) (1E)	23	
24. Balance Due (Line 21 plus lines 22, 23 and, if applicable, 25) Pay to State Tax Commissioner	24	
25. Interest on underpaid estimated tax, if any (from line 17, Form 400-UT) (1C)	25	

Attach a complete copy of your 1998 federal income tax return

I declare under the penalties of North Dakota Century Code § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return. **For Privacy Act Information, see inside front cover of instruction booklet.**

Your signature _____	Date _____	Your daytime phone no. ► (PH) _____	
Spouse's signature (if joint return) _____	Date _____	Area code () _____	Paid preparer's signature _____ Date _____

Tax Rate Table			
If amount on line 1 is:		Your tax is:	
Over \$	But not over \$		
0	3,000		2.67% of the amount on line 1
3,000	5,000	\$ 80.10 plus 4.00%	of the amount over \$ 3,000
5,000	8,000	160.10 plus 5.33%	of the amount over 5,000
8,000	15,000	320.00 plus 6.67%	of the amount over 8,000
15,000	25,000	786.90 plus 8.00%	of the amount over 15,000
25,000	35,000	1,586.90 plus 9.33%	of the amount over 25,000
35,000	50,000	2,519.90 plus 10.67%	of the amount over 35,000
50,000		4,120.40 plus 12.00%	of the amount over 50,000

☐ OPR

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